



Open Enrollment Application Request for 2011-2012 School Year



Deadline: March 1, 2011 September 1, 2011 for Kindergarten
A copy of the application must be sent to the sending and receiving districts.

1. Name of Student _____ 2. Grade Level for 2011-2012 _____

3. _____ Male _____ Female 4. Date of Birth _____

4. Parent/Guardian _____

Telephone _____ Email _____

Note: It is helpful to have more than one number. H=home W=work C=cell

Address _____
Street/Box City Zip County

5. Resident District _____ Attendance Center _____

6. District Requested _____ Attendance Center* _____

*Request does not guarantee placement

7. Is this application a request to continue education in the former district of residence following a move to a new district? _____ Yes _____ No

8. If the resident district has a diversity plan, please indicate if the applicant has a sibling currently under open enrollment? If yes, please provide the following:

Sibling: Name _____

District/School open enrolled _____

9. The student will be enrolled in the following (check all that apply)

Regular Education _____	Special Education _____
Home School (CPI) _____	Home School Assistance Program _____
Dual Enrollment-Academic _____	Dual Enrollment-Activity Program _____

10. Is the student currently under suspension or expulsion from school? ____No____ Yes
If yes, when will the suspension/expulsion be completed? _____

11. This section should be completed IF the application is being filed after March 1.

Qualification for good cause:

Date

a) Change in district of residence _____
Due to: family move, change in marital status, foster care, adoptions, or treatment program

b) Participation in foreign exchange program _____

c) Failure of negotiations for reorganization or whole grade sharing _____

d) Loss of accreditation or revocation of a private or charter school _____

e) Pervasive harassment or severe health need. Briefly describe events occurring after March 1 or provide the name of a district employee familiar with the student.

12. Request for transportation assistance: Yes No

If yes, attach proof of income to application and number in household.

I certify the above information is true and I have sent a copy of this form to my resident district and to the district I want my child to attend.

Signature of Parent or Guardian

Date

DISTRICT USE ONLY

Receiving District

The receiving district has the authority to take action on all applications (before or after March 1) except:

- those alleging harassment or severe health need that cannot be accommodated in resident
- **Resident** district had a diversity plan.

Date application was received: _____

Approved _____
Date Signature of Superintendent

Denied _____
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

- _____ Request was not filed by March 1 and does not meet good cause
_____ Insufficient classroom space
_____ Student under suspension or expulsion
_____ Appropriate special education program is not available

Resident District

Resident district is taking action on this application because of the following:

- _____ Resident district has a diversity plan on file with Department of Education
_____ Student alleges pervasive harassment that began or escalated after March 1
_____ Student has a severe health condition that began or escalated after March 1

Date application was received: _____

Approved _____
Date Signature of Superintendent

Denied _____
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

- _____ Does not meet Diversity Plan criteria
_____ Does not meet criteria for pervasive harassment
_____ Does not meet criteria for severe health condition